

## MEDICATION RELEASE

Name of Child: \_\_\_\_\_ Age of Child: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Physician: \_\_\_\_\_

Dates to be Given: \_\_\_\_\_ Times to be Given: \_\_\_\_\_ Dosage: \_\_\_\_\_

Route of Administration (oral, topical, etc.): \_\_\_\_\_

Illness or Condition Being Treated: \_\_\_\_\_

Possible Side Effects or Drug Interactions: \_\_\_\_\_

I hereby give authorization for the staff to administer the above medication according to the above instructions. I recognize that the staff will not be held liable for any illness or injury resulting from the administration of this medication, and will not be held responsible for reimbursement of medical expenses resulting from such action.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

## MEDICATION RECORD

Date	Time	Dosage	Administered By	Errors in Administration	Reactions